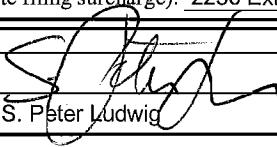


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
		Application Number	10/629,443-Conf. #5742
		Filing Date	July 28, 2003
		First Named Inventor	Eduardo Franco Queiroz
		Examiner Name	S. O. Flores
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3724
TOTAL AMOUNT OF PAYMENT		(\$) 525.00	Attorney Docket No.
			04597/000N029-US0

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order
<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____		
<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number:	04-0100	Deposit Account Name:	Darby & Darby P.C.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/>	Charge fee(s) indicated below	<input type="checkbox"/>	Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/>	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/>	Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)	Small Entity	Fee (\$)	Fee (\$)				
50	25	_____	_____				
Each independent claim over 3 (including Reissues)	Fee (\$)	Fee (\$)	Fee (\$)				
210	105	_____	_____				
Multiple dependent claims	Fee (\$)	Fee (\$)	Fee (\$)				
370	185	_____	_____				
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
10	- 20 = 0	x 25.00	= 0.00	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)			
2	- 3 = 0	x 105.00	= 0.00	_____			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	Fee (\$)		
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____ = _____	_____	_____	Fees Paid (\$)		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 2253 Extension for response within third month 525.00							

SUBMITTED BY	
Signature	
Registration No. (Attorney/Agent)	25,351
Telephone	(212) 527-7700
Name (Print/Type)	S. Peter Ludwig
Date	September 12, 2008

Express Mail Label No. _____ Dated: _____